



Langley Meals on Wheels

20955 Old Yale Road
Langley, BC V3A 7P8
604.533.1679

Volunteer Application

Contact Information

Name: _____

Address: _____

City: _____ Postal Code: _____

Cell Number: _____ Home/Work #: _____

Email Address: _____

Date of Birth: _____

Volunteer Positions

I am interested in volunteering for the following positions:

- | | |
|---|--|
| <input type="checkbox"/> Driver | <input type="checkbox"/> Food & Friends Program |
| <input type="checkbox"/> Meal Packer | <input type="checkbox"/> Aldergrove Community Station House - odd jobs |
| <input type="checkbox"/> Sealer | <input type="checkbox"/> Office Volunteer |
| <input type="checkbox"/> Kitchen Prep/Helper-Aldergrove | <input type="checkbox"/> Fundraising/Community Events |
| <input type="checkbox"/> Weekly Pickup of Food Donation | <input type="checkbox"/> Cafe worker |

Checklist

- | | |
|--|---|
| <input type="checkbox"/> Have a valid driver's license | <i>Required for Driver and Meal Packer positions</i> |
| <input type="checkbox"/> Have valid car insurance | <i>Required for Driver and Meal Packer positions</i> |
| <input type="checkbox"/> Have a current Police Information Check | <i>Required for all volunteers</i> |
| <input type="checkbox"/> Have Food Safe Certificate | <i>Preferred for Kitchen Prep/Helpers</i> |

Previous Volunteer Experience

Availability

- Driver On call Regular route each week
 Monday Tuesday Wednesday Thursday Friday
- Meal Packer Monday Tuesday Wednesday Thursday Friday
- Sealer Monday Tuesday Wednesday Thursday Friday
- Kitchen Prep Monday Tuesday Wednesday Thursday Friday
- Office Volunteer Monday Tuesday Wednesday Thursday Friday
- ACSH Monday Tuesday Wednesday Thursday Friday
- Weekly P/U Food Monday Tuesday Wednesday Thursday Friday

I am available starting:

Personal Information

Emergency Contact #1: _____

Contact Number: _____ Relationship: _____

Emergency Contact _____

#2: Contact Number: _____ Relationship: _____

Declaration

This portion needs to be completed at the Langley Meals on Wheels office at 20955 Old Yale Road, Langley, BC.

I understand that it is a requirement of Langley Meals on Wheels Services Society that I sign a confidentiality form. I agree to a Police Information Check to be considered for any of our volunteer positions.

Volunteer Signature

Date Signed

Witness Signature

Witnessed By